

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/019018	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.			
1	/	/			51		
2	/	/			52		
3	/	/			53		
4	/	/			54		
5	/	/			55		
6	/	/			56		
7	/	/			57		
8	/	/			58		
9	6	/			59		
10	6	/			60		
11	6	/			61		
12	6	/			62		
13	/	/			63		
14	/	/			64		
15	(1)	6			65		
16	/	/	6		66		
17	/	/	/		67		
18	/	/	/		68		
19	6	/	/		69		
20	/	/			70		
21	/	/			71		
22	/	/	6		72		
23					73		
24					74		
25					75		
26					76		
27					77		
28					78		
29					79		
30					80		
31					81		
32					82		
33					83		
34					84		
35					85		
36					86		
37					87		
38					88		
39					89		
40					90		
41					91		
42					92		
43					93		
44					94		
45					95		
46					96		
47					97		
48					98		
49					99		
50					100		
TOTAL IND.	9	↓	7	↓			
TOTAL DEP.	10	←	95	←			
TOTAL CLAIMS	147	[REDACTED]	32	[REDACTED]			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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